

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## ADVANCED PRACTICE NURSE PRESCRIBER

### Additional requirements for renewal:

You must complete the back of the renewal coupon and the following, malpractice insurance and national certification requirements, for Advanced Practice Nurse Prescriber renewal.

#### MALPRACTICE INSURANCE

1. ☐ I have personal liability coverage in the amounts specified in s. 655.23(4), Stats. The expiration date for the policy is: \_\_\_\_\_ (date must be later than 9/30/2016).
2. ☐ I have coverage under a group liability policy providing individual coverage in the amounts specified in s. 655.23(4), Stats., and will only prescribe within the limits of the policy's coverage or obtain personal liability coverage for independent prescribing outside of the scope of the group coverage.
3. ☐ I practice as an employee of this state or a governmental subdivision as defined in s. 180.0103, Stats., and will prescribe within the employment policies.

#### NATIONAL CERTIFICATION

Expiration date for national certification or Continuous Competence Assessment (CCA) Cycle is: \_\_\_\_\_ (date must be later than 9/30/2016).

---

Credential Holder Name (please print)

---

Wisconsin APNP License/Credential Number

---

Credential Holder Signature

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.